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CONFIRMATION NO. 5359

|   |   |                                   |  |  |                                    |
|---|---|-----------------------------------|--|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/699,987  | <b>FILING OR 371(c)<br/>DATE</b><br>11/03/2003<br><b>RULE</b>   | <b>CLASS</b><br>424               | <b>GROUP ART UNIT</b><br>1615  | <b>ATTORNEY<br/>DOCKET NO.</b><br>025444.1059-US02 |                                    |
| <b>APPLICANTS</b><br>Wing-Kee Philip Cho, Princeton, NJ;  |   |                                   |  |  |                                    |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 10/175,480 06/19/2002 PAT 6,709,676<br>and is a CIP of PCT/US00/34404 12/19/2000<br>which claims benefit of 60/172,752 12/20/1999   |   |                                   |  |  |                                    |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                   |  |  |                                    |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 02/11/2004</b>  |   |                                   |  |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR<br/>COUNTRY</b><br>NJ | <b>SHEETS<br/>DRAWING</b><br>2   | <b>TOTAL<br/>CLAIMS</b><br>25                      | <b>INDEPENDENT<br/>CLAIMS</b><br>5 |
| <b>ADDRESS</b><br>26853   |   |                                   |  |  |                                    |
| <b>TITLE</b><br>EXTENDED RELEASE ORAL DOSAGE COMPOSITION  |   |                                   |  |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>6332  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |